

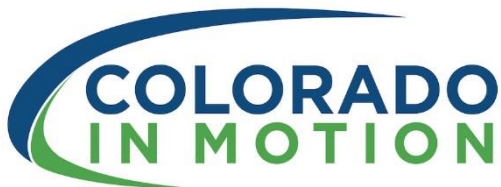
Improved & Timely Access to Physical Therapy Decreases Opioid Use & Lowers Costs

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Fellow, American Academy of Orthopaedic Manual Physical Therapists

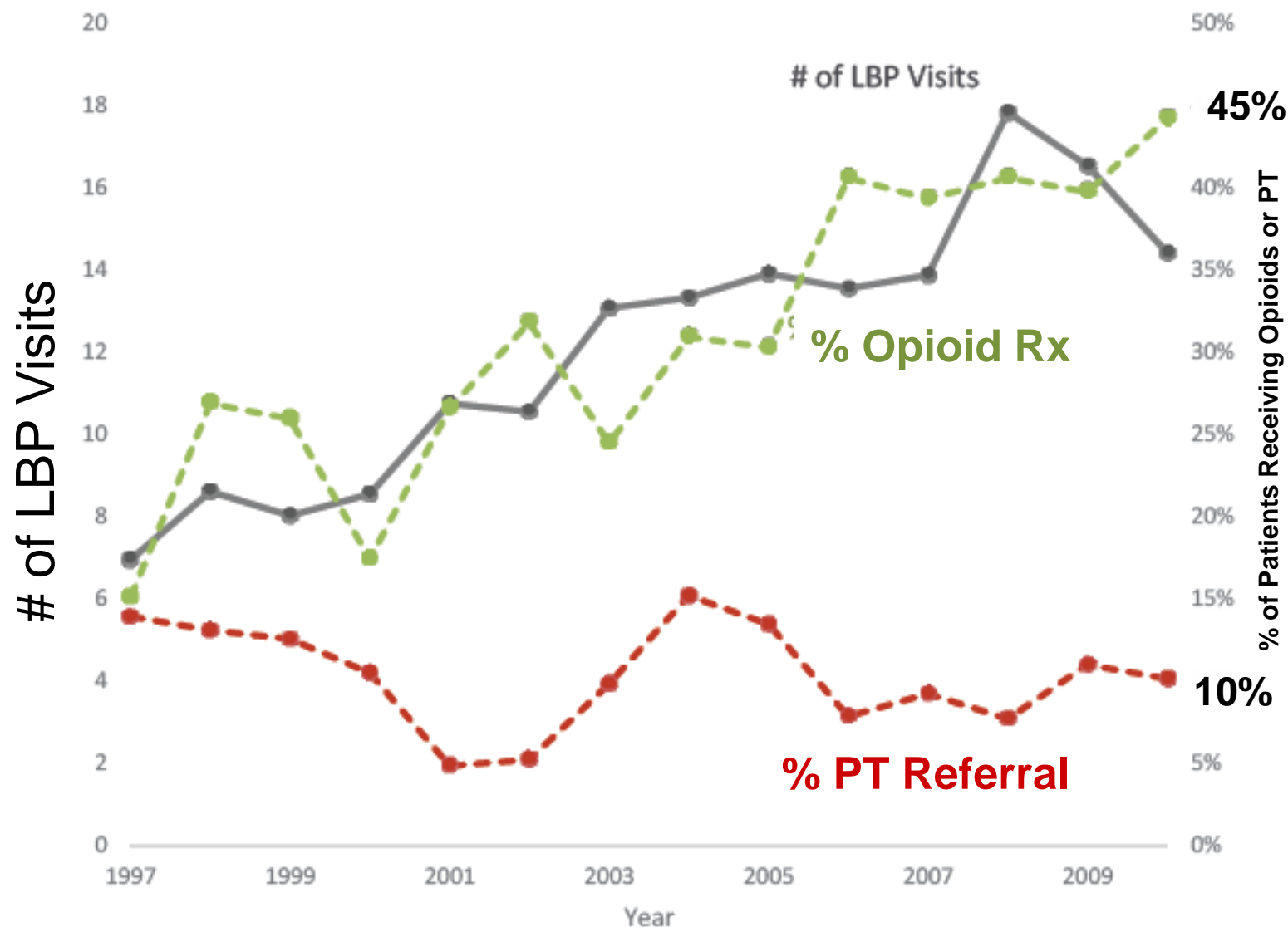
Fellow, American Physical Therapy Association



The modern U.S. Medical
Industrial Complex has created,
promoted, and sustained an
epidemic in pain & opioid abuse.

HOW DO WE FIX IT?

Stagnant physical therapy referral rates alongside rising opioid prescription rates in patients with low back pain in the United States 1997-2010



Multiple studies & systematic reviews of published research consistently show that improving access to physical therapy services **decreases opioid use** & is more cost effective.

BRIEFLY PRESENTED ON FOLLOWING SLIDES

Primary Care Referral of Patients With Low Back Pain to Physical Therapy

Impact on Future Health Care Utilization and Costs

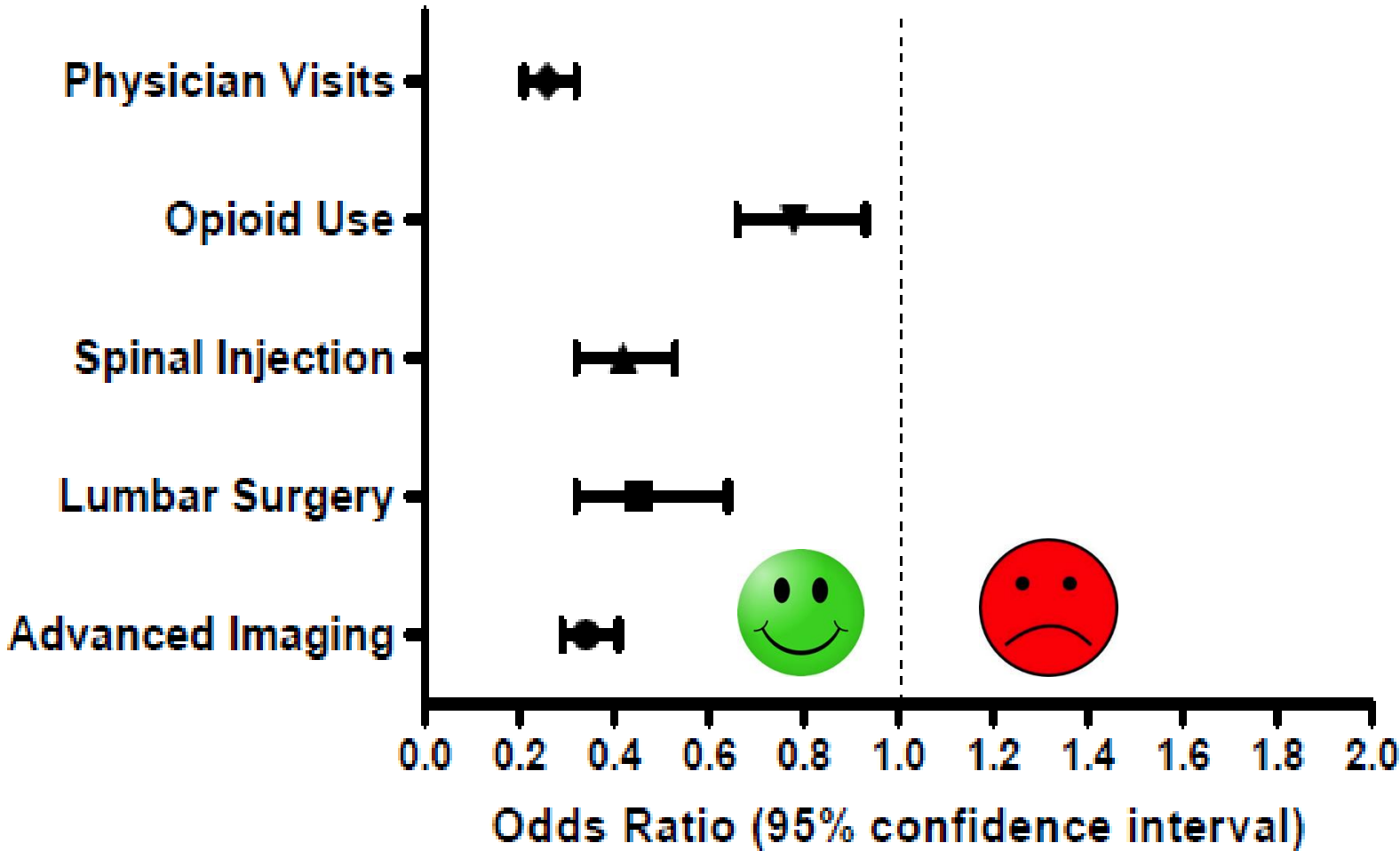
Julie M. Fritz, PT, PhD, ATC,* John D. Childs, PT, PhD,† Robert S. Wainner, PT, PhD,‡
and Timothy W. Flynn, PT, PhD§

32,070 episodes of care Low Back Pain

- **Only 7%** of patients received PT within 90 days.
- Early PT was associated with **decreased risk** of advanced imaging, surgery, injections, & **opioid use** as compared with delayed PT.
- Total medical costs for LBP were **\$2736 lower** for patients receiving early physical therapy.

Impact of a patient with low back pain receiving early management by a Physical Therapist.

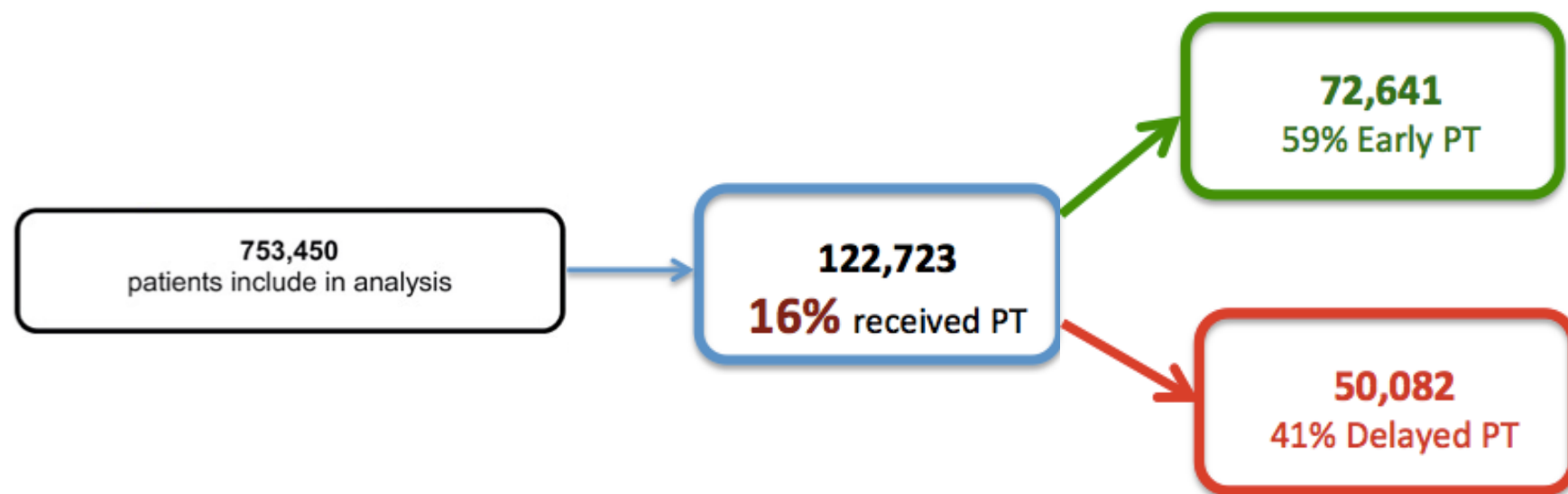
Likelihood of Utilization for Early vs. Delayed Physical Therapy



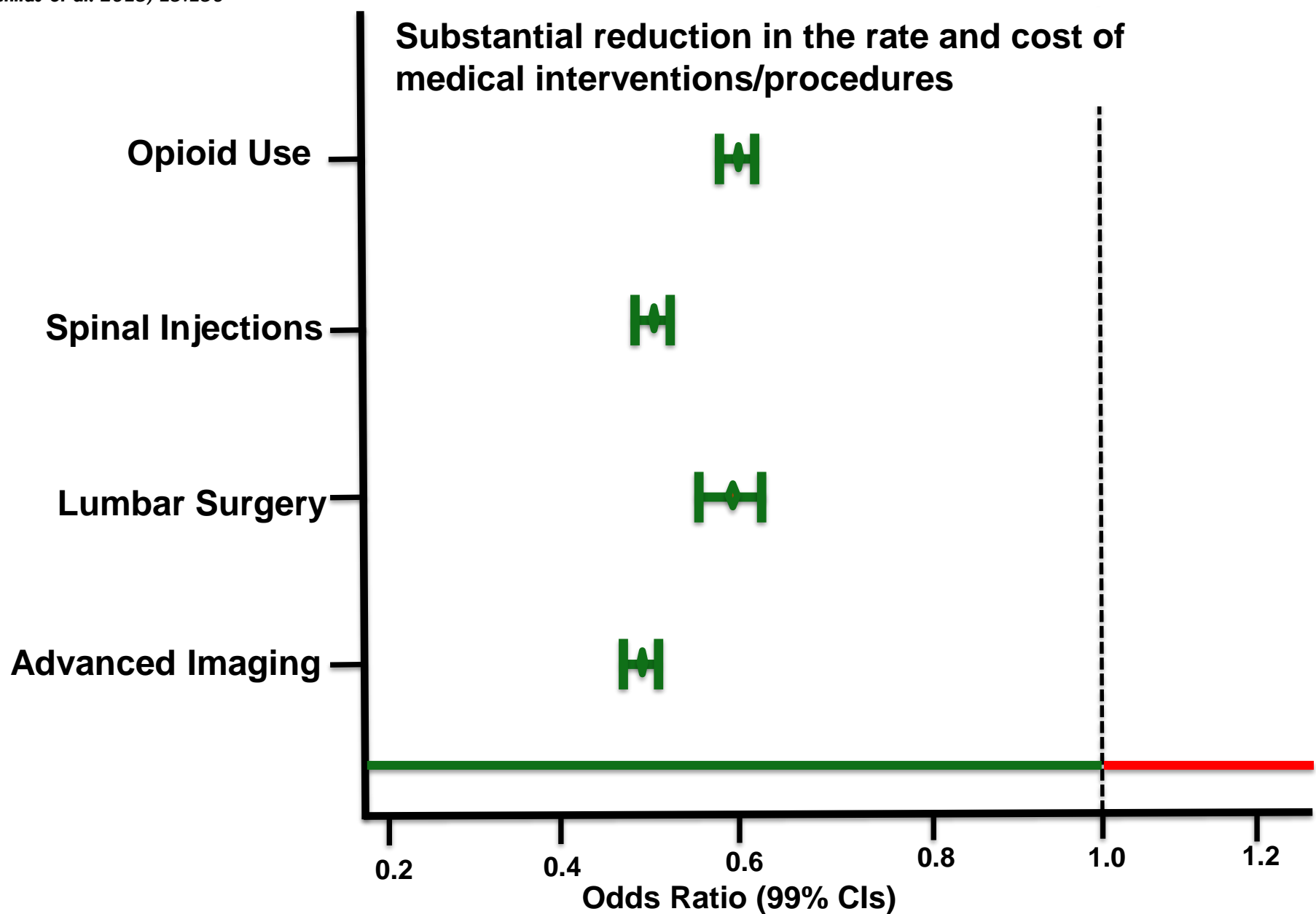
Implications of early and guideline adherent physical therapy for low back pain on utilization and costs

BMC Health Services Research (2015) 15:150

John D Childs^{1*}, Julie M Fritz², Samuel S Wu³, Timothy W Flynn⁴, Robert S Wainner⁴, Eric K Robertson⁵, Forest S Kim⁶ and Steven Z George⁷



Early PT versus Delayed PT



Management Patterns in Acute Low Back Pain

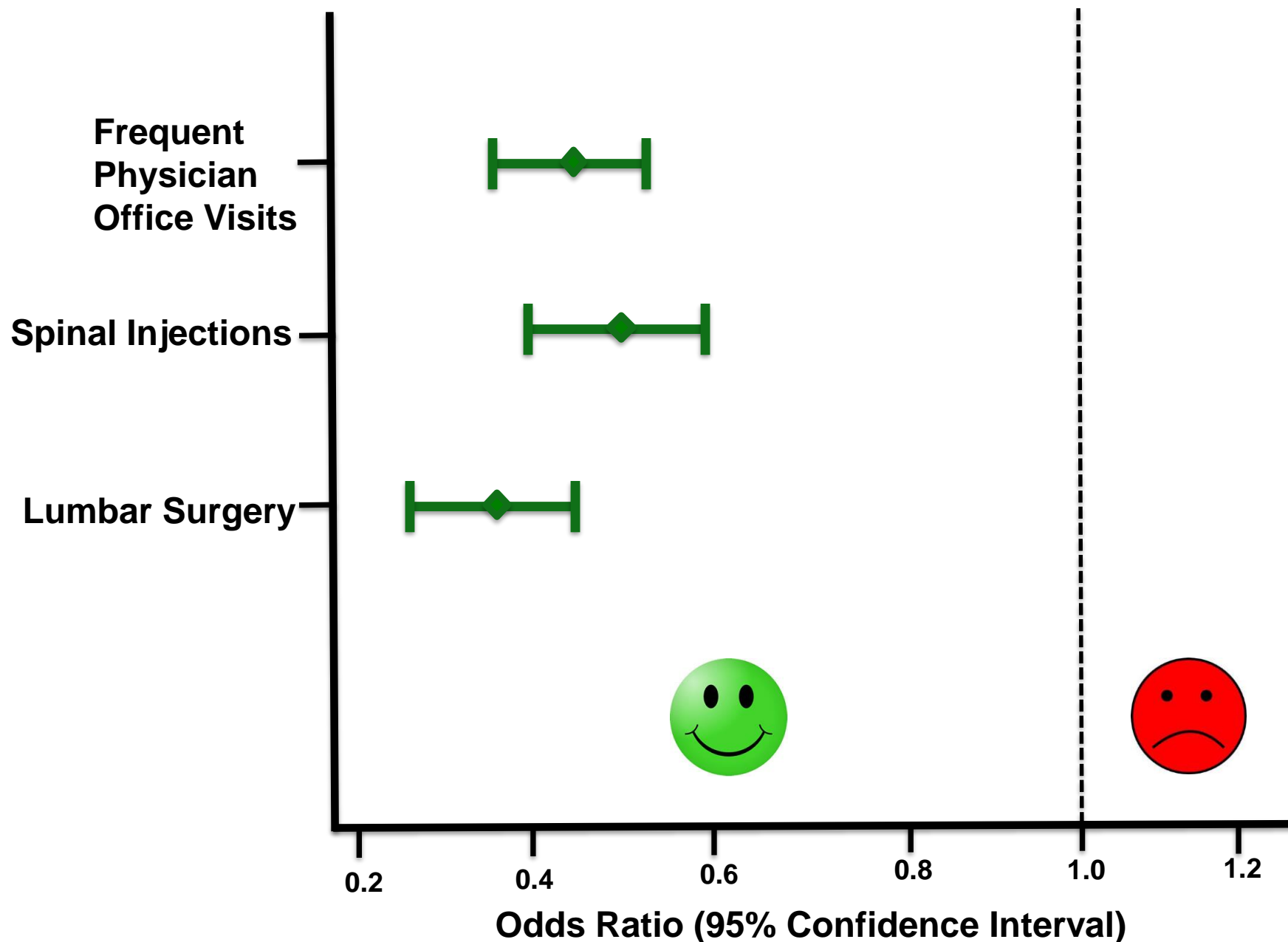
The Role of Physical Therapy

Spine

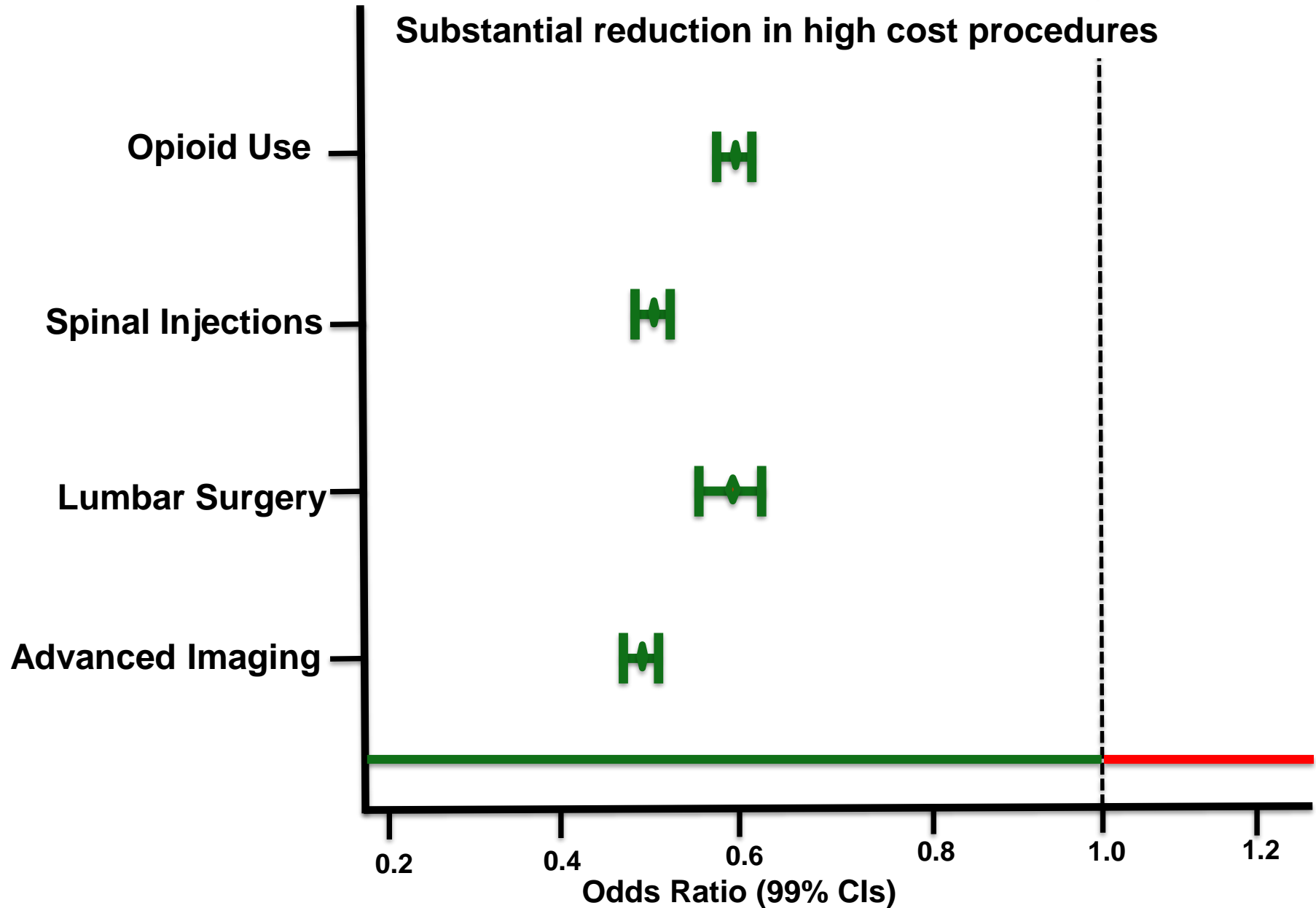
A national sample of the CMS and Medicaid Services physician outpatient billing claims was analyzed (n = 439,195).

There was a lower risk of subsequent medical service usage among patients who received **PT early** after an episode of acute LBP relative to those who received **PT at later times**.

Likelihood of Utilization for **Early PT** versus **Delayed PT**



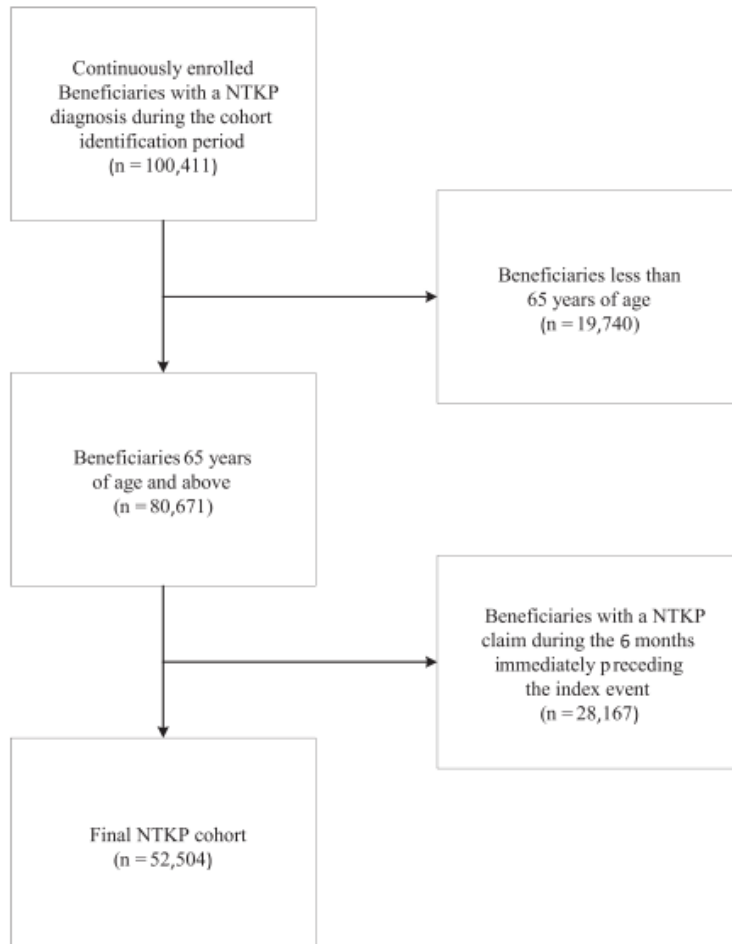
Early PT versus Delayed PT



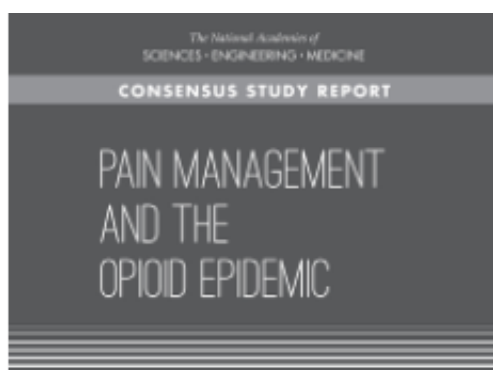
Association of Early Outpatient Rehabilitation With Health Service Utilization in Managing Medicare Beneficiaries With Nontraumatic Knee Pain: Retrospective Cohort Study

June 2017

Volume 97 Number 6 Physical Therapy



Only 11.1% of beneficiaries were exposed to outpatient rehabilitation services.



Report Release
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*The National
Academies of*

SCIENCES
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However, there are a number of barriers to the successful use of exercise therapy for pain management including: patient factors - lack of knowledge about exercise, fears of worsening existing pain with exercise, depression, excessive deconditioning, and a lack of self efficacy (not self starters).

Finally, there are health care delivery barriers, including the system's rigid focus on the biomedical model for pain (due to tissue damage), a lack of attention to or education about the value of exercise, and a lack of insurance coverage to reduce the costs of exercise and physical therapist management.

Current Barriers

Barriers to access to physical therapy services exist in Colorado including

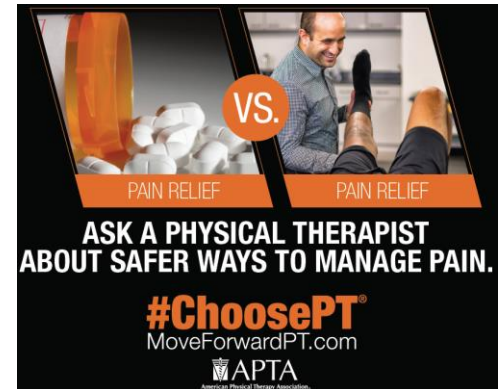
- Consumer Awareness
- 3rd Party Utilization Reviewers which delay and often prevent appropriate care being provided to the consumer
- High Physical Therapy Co-Pays which frequently prevent consumers from accessing physical therapists and can even incentivize patients to choose riskier Opioids & higher cost procedures that have been shown to have not added value over physical therapy

Recommendations

When it comes to Pain, Seek PT First NOT Opioids

Increase Consumer Awareness

- Promote & Fund Public Information Campaign on Opioid
- Insurance Beneficiary Newsletters
- Medicaid Newsletters
- Physician Newsletters
- Other Newsletters



Better Coordination with Partners

- Increase access to PT in acute, painful settings. Many emergency departments and urgent care settings are employing PT's to treat patients who are showing symptoms of pain. Dr. Rebekah Griffith PT, DPT, NCS will discuss this care model further.

Decrease Barriers to Access PT by partnering with the Insurance Carriers to:

- Decrease high co-pays
- Decrease regulatory burden and restriction of care from 3rd Party Utilization Reviews

Together ...



... We Can

REVERSE THIS SCURGE

Physical Therapy in the Emergency Department

Rebekah Griffith PT, DPT, NCS

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Recent Trends in Emergency Departments

- Nationwide emergency department (ED) availability has decreased^{1,2}
- The number of annual ED visits has continued to rise^{3,4}
- Patient wait times have increased⁵
- Increased patient loads for physicians
- Expansion of personnel types and services within the ED
- Use of ED in place of primary care



Recent Trends in Emergency Departments

Primary ED diagnoses have the potential for PT triage and early treatment³

	Musculoskeletal	Neuromuscular	Cardiovascular/ Pulmonary	Integumentary
Contusion (with intact skin)	X	X		X
Open wound				X
Spinal disorders	X	X		
Sprains and strains	X	X		
Cellulitis and abscess			X	X
Fractures	X	X		

A complete list of leading diagnoses of emergency department visits and the percent distribution categorized by age and sex can be found in Table 13 of the NHAMCS 2009 Emergency Department Summary Tables, http://www.cdc.gov/nchs/data/ahcd/nhamcs_emergency/2009_ed_web_tables.pdf

Ten leading principal reasons for emergency department visits: USA, 2009

Principal reason for visit	Number of visits in thousands
All visits	136,072
Stomach pain, cramps and spasms	9,597
Fever	7,373
Chest pain and related symptoms	7,169
Cough	4,684
Headache, pain in head	3,993
Shortness of breath	3,710
Back symptoms Reason 7	3,696
Pain, site not referable to a specific body system Reason 8	2,881
Vomiting	2,785
Symptoms referable to throat	2,596
All other reasons ²	87,587

The #1 drug type given to patients are narcotic & nonnarcotic analgesics and nonsteroidal anti-inflammatory drugs.

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Benefits of an Emergency Department PT

The value & benefits of an ED PT is supported by both national and international research

Increased **patient satisfaction**

Decreasing the cost of unnecessary care

Increasing the **treatment** and service options available in the ED

Improving patient function and outcomes

Improving productivity and operations within the ED

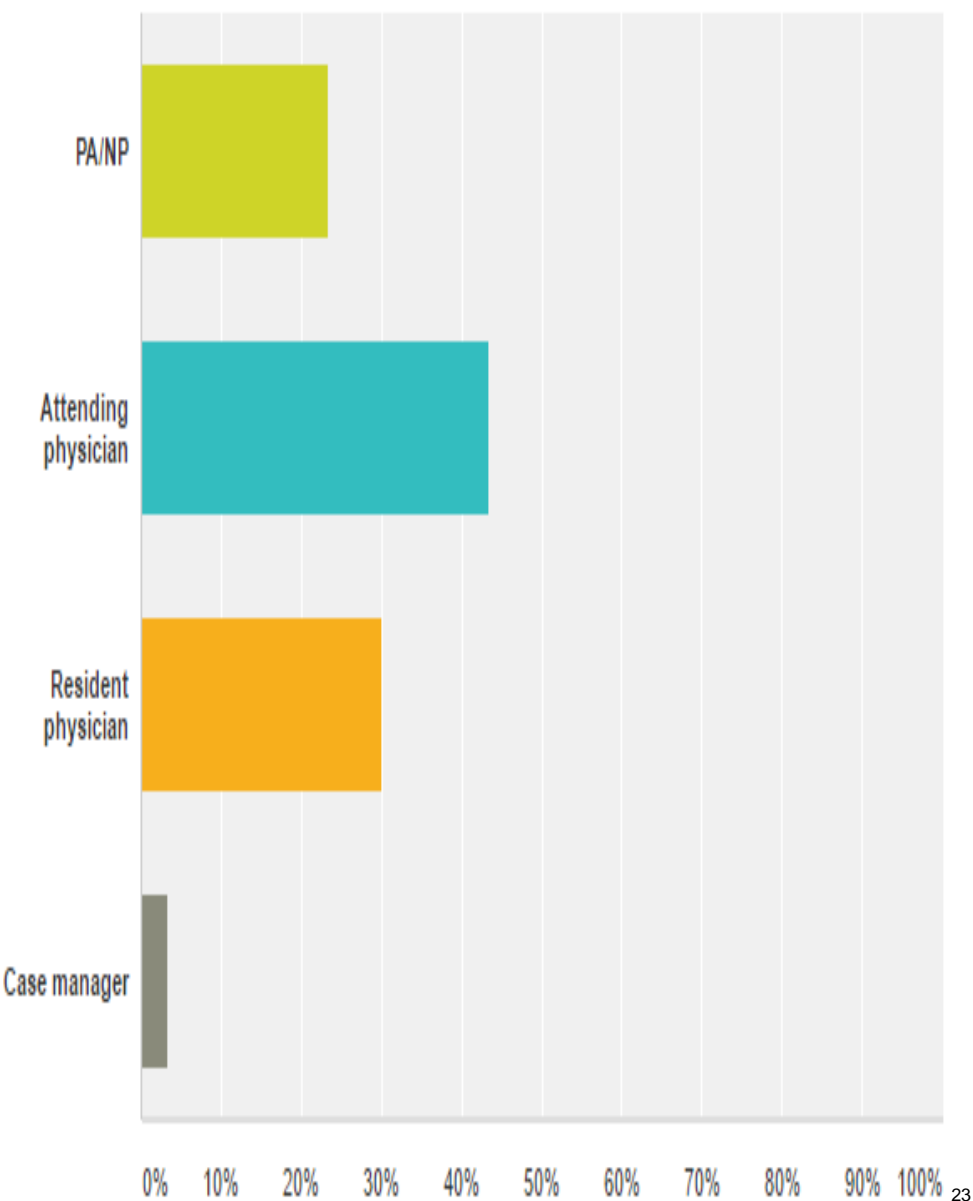
Increasing the Treatment and Service Options Available in the ED

- ED PT service increases the scope of practice options available by:
- Providing more comprehensive, early evaluation and treatment plan for musculoskeletal conditions
- Expanding management and treatment for dizziness, chronic disease management, pain management¹³

DECREASING NEED FOR OPIOIDS

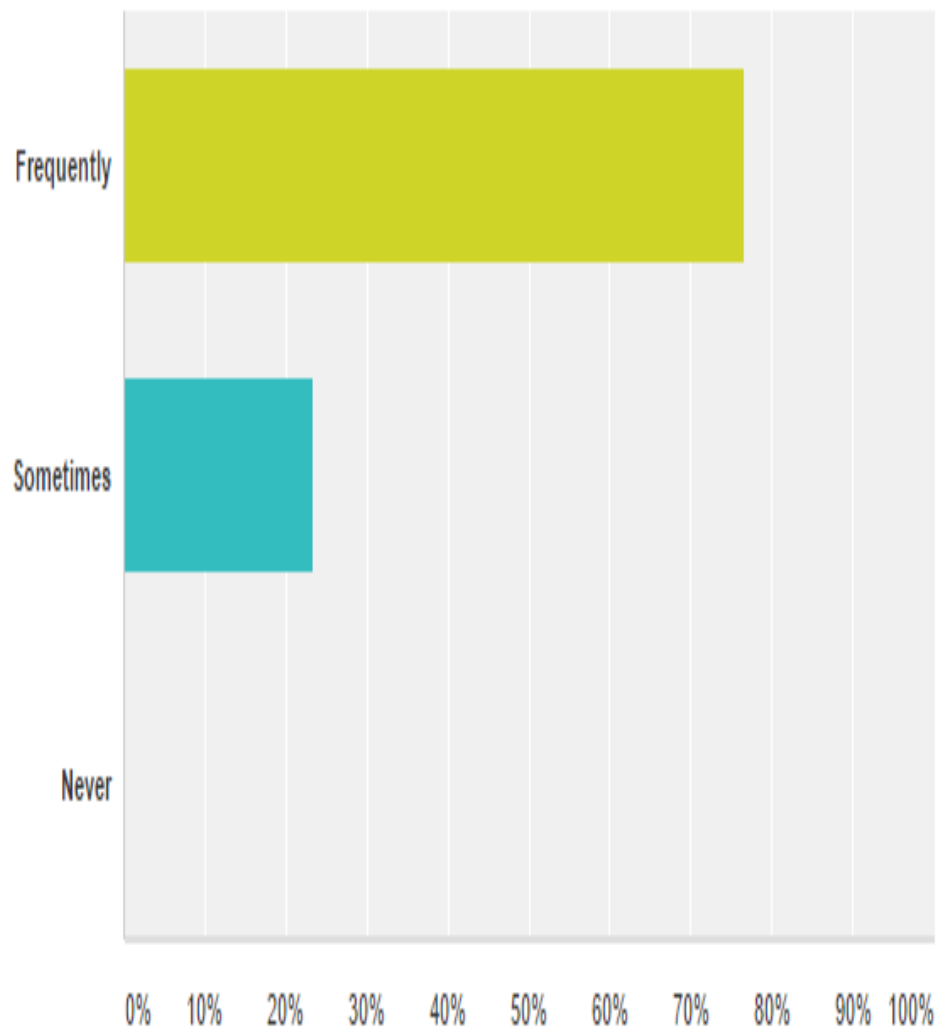
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Answered: 60 Skipped: 0



I consult physical therapy to evaluate and treat patients in the ED

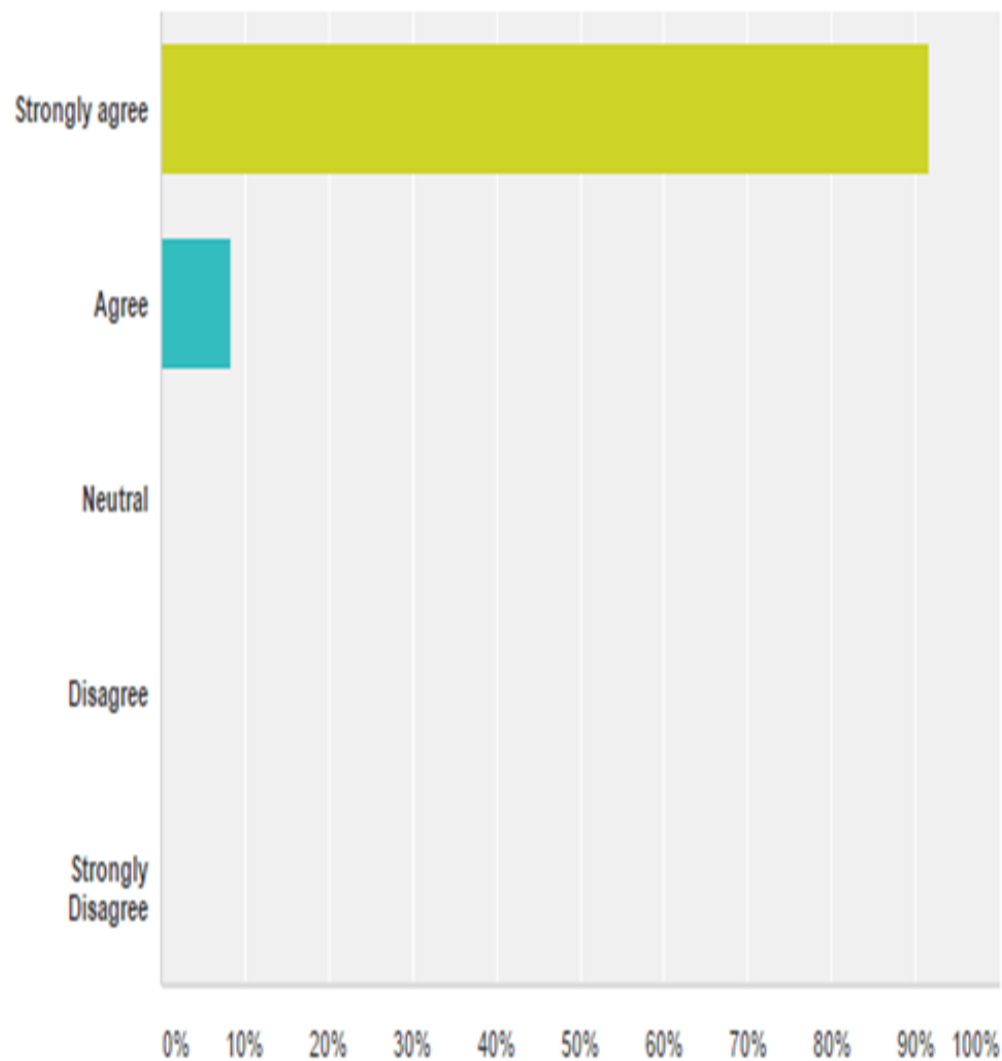
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“The presence of PTs in the ED has absolutely changed my clinical practice and allowed me to deliver significantly better care to patients...”

Having ED-based physical therapists allows me to better care for my patients

Answered: 60 Skipped: 0



Typical Case Example

68 year old female brought in by ambulance for LBP. X-rays negative. Pending MRI. Receiving morphine for pain control. PT evaluate and treat.

**Now evaluating patients prior to use of opioid medications.*

Increasing Access & Decreasing Need for Opioid Use



Contact Information

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